

PROFESSIONAL APPLICATOR PESTICIDE APPLICATION RECORD

Company Name _____
Address _____
Phone number _____

- A. Customer Name: _____
B. Customer Address: _____
C. Date of Application: _____ Time: Start: _____ Finish: _____
D. Name of professional applicator: _____ License #: _____
E. Name of person recommending the pesticide application: _____
F. Pesticide Information

Product Name		EPA Reg. Number	Rate/Dilution Applied	Total Amount of Pesticide Applied
1				
2				
3				
4				
5				
6				
7				
8				

- G. Wind direction: _____ Velocity: _____ Temperature: _____
H. Crop, Animal or property treated: _____
I. Size/Amount of area treated: _____
J. Was USDA record keeping application record information exchange provided? (Y) (N)
K. Was Worker Protection information exchange provided prior to application? (Y) (N)
L. Worker Protection date of contact: _____ Time of contact: _____
M. Name of person contacted: _____
N. Location of area treated: _____

Map of area:
N

